

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/582077							
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40			/				90						
41			/				91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓	↓	
TOTAL DEP.	←		40	←	←	←	TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS			43				TOTAL CLAIMS						